NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493224003209

Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

Servi									
A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 01 C Name of organization	-01-2008 and	ending 12-31-2008	3	D Employer ic	lentification number
_		pplicable	Please	CENTRAL ELECTRIC COOPER	ATIVE INC			z improyer re	icitime dello il manibel
Add	dress cl	nange							15 number
☐ Na	me cha	nge	print or						lulibei
┌ Init	al retu	rn	type. See Specific	Number and street (or P O b	ov if mail is not deli	vered to street address	cs) Doom/suite	(541) 548	-2144
Гте	mınatı	on	Instruc- tions.	PO BOX 846	ox ii iiiali is ilot deli	vereu to street addres	ss) Room, suite	G Gross receij	pts \$ 45,920,562
			tions.		1.770				
_	ended			City or town, state or country REDMOND, OR 97756	, and ZIP + 4				
App	olication	n pending							
			F Nan	ne and address of Principa	l Officer		H(a) Is this	a group retur	n for
				MARKHAM			affiliat		┌ Yes ┌ No
			PO BO REDMO	X 846 DND,OR 97756					
——— т Та	x-exen	npt status) (12) ◄ (insert no)	7(a)(1) or			affiliates includ	·
		·			. (=,(=, =, , ===			o," attach a iis o Exemption N	t See instructions)
J W	eb sit	e: 🟲 WW	/W CEC CO	OP			H(c) Group	D Exemption N	umber F
<u>к</u> тур	e of or	ganızatıon	Corporat	ion trust association o	ther 🕨		L Year of For	mation 1940	1 State of legal domicile OR
Pa	rt I	Sum	mary						
	1	Briefly	describe th	e organızatıon's mıssıon oı	most significan	t activities			
3				TRAL ELECTRIC COOPE					TO OUR MEMBERS
Ê		AT THE	LOWEST	COST CONSISTENT WIT	H SOUND ECO	NOMY AND GOOL	O MANAGEM	ENT	
Ē		C I I - I		·64b · · · · · · · · · · · · · · · · · · ·			5	- 0/ - 6 · b	
Governance			,	if the organization discont					
	3			nembers of the governing l					24,142
$\widetilde{\mathscr{L}}$	4		•	ident voting members of th)	. 4	9
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)		•		5	88
£	6	Total n	umber of vo	lunteers (estimate if nece	ssary)	•		6	
ď	1	-		unrelated business revenue from Part VIII, line 12, column (C)		•	7a	12,234	
	ь	Net unr	et unrelated business taxable income from Form 990-T, line 34					7b	-1,078
	8 Cont						Prio	r Year	Current Year
_			butions and	d grants (Part VIII, line 1h)				0
를	9	Progra	am service	revenue (Part VIII, line 2ç	1)			42,984,010	47,049,093
Revenu	10	Invest	tment incor	ne (Part VIII, column (A),	lines 3, 4, and 7	d)		489,879	456,663
æ	11	Other	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					939,125	-1,622,803
	12	Total	revenue—a	dd lines 8 through 11 (mus	t equal Part VII	I, column (A), line			
		12)						44,413,014	45,882,953
	13	Grants	s and simila	ar amounts paid (Part IX, c	olumn (A), lines	1-3)			0
	14			or for members (Part IX, co					0
Ø	15		es, other co	ompensation, employee be	nefits (Part IX, c	olumn (A), lines 5	-	815,860	1,153,360
Expenses	16-	10)			(0) 11-			813,800	1,133,300
क्	16a			raising fees (Part IX, colui)			
ম্	Ь	,		penses, Part IX, column (D), line	•)			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						40,063,110	40,088,339
	18		•	add lines 13–17 (must eq	•	25, column (A))		40,878,970	41,241,699
- 40	19	Reven	ue less exp	penses Subtract line 18 fr	om line 12			3,534,044	4,641,254
Net Assets or Fund Balances							Beginni	ng of Year	End of Year
Set Set	20	Total	assets (Par	t X, line 16)			:	51,037,452	156,658,213
AB B	21	Total	lıabılıtıes (F	Part X, line 26)				05,005,634	107,388,292
3 S	22	Netas	sets or fun	d balances Subtract line 2	21 from line 20			46,031,818	49,269,921
	1111		ature Blo					, ,	,,-
				rjury, I declare that I have exan	nined this return, inc	cluding accompanying	schedules and st	atements, and to	the best of my knowledge
				correct, and complete Declaration					
Plea			*****					08-06	
Sigr Here		Sign	ature of office	er			Date		
пет	-		e markham C						
		Тур	e or print nam	e and title					
		Drei	parer's 👠		Date	:	Check If	Preparer's PT	IN (See Gen Inst)
Paid	d		nature W	endy Campos	[self- empolyed •		
Pre	pare	er's	<u>'</u>				Simponyeu F		
Use	•	Firm	n's name (or self-employed)	, m .					
Onl			ress, and ZIP					EIN 🕨	
				805 SW Broadway 1200				Phone no 🕨	(503) 242-1447
				Portland, OR 97205					

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiz	zation's mission			
	DISTRIBUTION OF POWER	TO RURAL ELECTRIC UTILITY CUS	TOMERS		
2			ogram services during the year which	ch were not listed on	′es ✓ No
		ese new services on Schedu		, .	,
3	Did the organization services?		ignificant changes in how it conduct	ts any program	∕es 🔽 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar	nd (4) organizations and 494	each of the organization's three large 7 (a)(1) trusts are required to repor or each program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	DISTRIBUTION OF POWE	ER TO RURAL ELECTRIC UTILITY C	USTOMERS		
41	(0-1-	\		\	
4Ь	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program com	ices (Describe in Schedule	0)		
Tu	(Expenses \$			(Revenue \$)
4e	Total program servi		Must equal Part IX, Line		•

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	43			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
	return	2a	88			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		·	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp					
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	ntrıbut	ion of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	:d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		=			
_	file Form 8282?	1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	y prem	niums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		
a	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f		•			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the	spons	ornig organization, nave	8		
	year?				1	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter	ı	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a	49,566,144			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-	1,490,477			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d I	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance
processes or changes in Schedule O. See instructions

	rereast, respective to miss 2 respective to miss contract	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a		24,142

	Enter the number of voting members of the governing body	1a	24,142
b	Enter the number of voting members that are independent	1b	ġ
	Did any officer director trustee or key employee have a family relationship or a hu	cinacc	relationship with any

bla any officer, and color, tradice, or key employee have a family relationship of a basiness relationship with any
other officer, director, trustee, or key employee?
Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person? .
Did the organization make any significant changes to its organizational documents since the prior Form 990 was

	filed?	
;	Did the organization become aware during the year of a material diversion of the organization's assets?	

Does the organization have members or stockholders?	. [
Does the organization have members, stockholders, or other persons who may elect one or more members of t	ne

Does the organiza	atio	n h	ave	mer	nbe	rs,	stoc	khc	lde	rs, c	or ot	her	per	sons	wh	o m	nay	elec	t or	ne c	r m	ore	mer	nbe	rs of	the
governing body?																										

_	The any accisions of the governing body subject to approval by members, stockholders, or other persons
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following

	year by the following			•			•						•	
а	the governing body?													

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	•
	Does the organization have local chapters, branches, or affiliates? .												

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a	copy of the Form 99	0 provided to	the organization's	governing b	ody before i	t was filed?	no II A	rgan	ızat	ions
must	escribe in Schedule	O the process	, ıf any, the orga	nization uses	to review th	ne Form 990				

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, w	vho canr	ot l	be r	eac	hed	lat
the organization's mailing address? If "Yes," provide the names and addresses in Sched	O əlut	•				

7b		No
8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		No

Yes

Yes

Yes

Section B. Policies

11

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Rawleigh White 2098 North Highway 97 redmond, OR 977560187 (541) 312-7725

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r	iot compens	sate any officer, direct	or, trustee or key em	pioyee
		(C)		

	·	Posit	(0) chec	:k al	•		e or key employee	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Loy Petersen	5 00	Х						1,101	0	12,553
Russell Kiel	5 00	Х						2,900	0	2,503
WILLIAM B Keeton	5 00	Х						1,249	0	16,813
Ken Miltenberger	5 00	Х						2,900	0	8,771
KIP LIGHT	5 00	Х						1,500	0	5,279
HAROLD SIEGENHAGEN	5 00	Х						1,128	0	4,294
Tom Strand	5 00			Х				1,972	0	16,093
Shirley McCullough	5 00			Х				1,250	0	10,218
RAY CLARNO	5 00			Х				2,900	0	15,161
Dave Markham	65 00			Х				251,990	19,519	90,031
DAVID C CLEMENS	10 00			Х				160	0	19,352
ROBERT MCCONNELL	55 00				Х			136,234	0	61,067
RAWLEIGH WHITE	55 00				Х			127,688	0	30,617
DAVE PUTNAM	49 00					Х		125,622	0	79,225
TERRY SHINE	51 00					Х		125,201	0	46,956
RON MASSEY	48 00					Х		123,060	0	39,127
CHRIS LAITE	50 00					Х		118,922	0	23,248
BRAD WILSON	48 00					Х		116,790	0	31,609
AL GONZALEZ	20 00						Х	109,685	0	55,346
_										

Part VII Continued

			tion that a			ill			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+	\vdash	\vdash					
1b Total		<u> </u>	<u>. </u>	Ш.			>	1,252,252	19,519	568,263

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Potelco Inc 14103 STEWART RD SUMNER, WA 98390	utility construction	924,891
International Line Builders PO BOX 23729 PORTLAND, OR 97281	utility construction	903,856
Jensen's Tree Service Inc PO BOX 500 GLENDALE, OR 97442	tree trımmıng/removal	469,855
Francis Hansen & Martin 1148 NW HILL ST BEND, OR 97701	ATTORNEY	409,258
Northwest Utility Services PO BOX 6539 BEND, OR 97708	METER READING	317,660
2 Total number of independent contractors (including those in 1) who from the organization		15

Program Service Revenue

Other Revenue

Statement of Revenue (C) (A) (B) (D) Total Revenue Related or Unrelated Revenue Exempt Business Excluded from Function Revenue Tax under IRC Revenue 512, 513, or 514 Federated campaigns . . **1**a Contributions, gifts, grants and other similar amounts ь Membership dues . Fundraising events . **1**c d Related organizations . . . 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$. Total (Add lines 1a-1f) . . . h Business Code Electric & related sal 2a 221,000 46,902,208 46,889,974 12,234 POLE RENTAL INCOME Ь 900,099 146,885 146,885 C All other program service revenue Total. Add lines 2a-2f . **\$** 47,049,093 3 Investment income (including dividends, interest 467,031 467,031 other similar amounts) Income from investment of tax-exempt bond proceeds $\ \ .$ 4 5 Royalties . (ı) Real (II) Personal 7,825 **Gross Rents** 6a Less rental b expenses Rental income 7,825 or (loss) Net rental income or (loss) . . 7,825 7,825 d (II) Other (ı) Securities Gross amount 27,241 7a from sales of assets other than inventory 37,609 Less cost or b other basis and sales expenses -10,368 Gain or (loss) -10,368 -10,368 d Net gain or (loss) 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a b Less direct expenses . . .b Net income or (loss) from fundraising events . c 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G ıf total exceeds \$15,000 b Less direct expenses . . .b Net income or (loss) from gaming activities c 10a ${\sf Gross\ sales\ of\ inventory,\ less}$ returns and allowances . b Less cost of goods sold . . ${\bf b}$ Net income or (loss) from sales of inventory . c Business Code Miscellaneous Revenue 589,826 11a 221,000 589,826 Patronage Allocations 221,000 20,948 20,948 b Misc Revenue 900,099 -2,241,402 -2,241,402 INCOME FROM SUBSIDIARI All other revenue _ d Total. Add lines 11a-11d \$ -1,630,628 45,882,953 45,259,346 12,234 611,373 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

	ll other organizations must complete column (A) but are not re	equired to comp			
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	813,146			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	340,214			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
L3	Office expenses				
.4	Information technology				
.5	Royalties				
L 6	Occupancy				
L 7	Travel				
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
L 9	Conferences, conventions and meetings				
20	Interest	4,465,828			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,864,993			
23 24	Insurance				
	total expenses shown on line 25 below)				
а	Purchased Power	21,057,124			
b	Administrative & Genera	2,820,261			
С	Distribution	2,752,022			
d	Consumer Accounts	1,523,166			
e	O ther Taxes	1,047,260			
f	All other expenses	1,557,685			
25	Total functional expenses. Add lines 1 through 24f	41,241,699			
26	Joint Costs. Check if following SO P 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	554,270	1	655,640
	2	Savings and temporary cash investments	1,900,091	2	1,461,236
	3	Pledges and grants receivable, net	1,000,001	3	1, 101,200
	4	Accounts receivable, net	3,392,117	_	6,089,578
	5	Receivables from current and former officers, directors, trustees, key employees or	5,552,111	•	3,000,010
	,	other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,764,897	7	8,414,227
	8	Inventories for sale or use	1,675,710	8	1,602,242
2	9	Prepaid expenses and deferred charges	284,900	9	282,215
Assets	10a	Land holdings and a common based have			
As		Land, buildings, and equipment cost basis 179,844,15	7		
	b	Less accumulated depreciation Complete Part VI of	100 055 010		40.4.750.000
		Schedule D	123,255,019		124,750,098
	11	Investments—publicly traded securities	12 001 005	11	9 205 177
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	12,691,965	12	8,305,177
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	4,518,483	4=	5,097,800
	1.0	D	151,037,452	15 16	156,658,213
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,095,724		4,357,117
	17 18	Accounts payable and accrued expenses . Grants payable	4,000,724	18	4,557,117
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
8	21	Escrow account liability Complete Part IV of Schedule D		21	
≇	22	Payable to current and former officers, directors, trustees, key			
Liabilities	22	employees, highest compensated employees, and disqualified		1	
Ξ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	84,742,115	23	86,242,987
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	16,167,795		16,788,188
	26	Total liabilities. Add lines 17 through 25	105,005,634	26	107,388,292
S D		Organizations that follow SFAS 117, check here ► and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Balance	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117, check here F and complete			
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
et s	31	Paid-in or capital surplus, or land, building or equipment fund	1,099,047		1,230,007
Assets	32	Retained earnings, endowment, accumulated income, or other funds	44,932,771		48,039,914
	33	Total net assets or fund balances	46,031,818		49,269,921
Net	34	Total liabilities and net assets/fund balances	151,037,452		156,658,213
			,		1
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** CENTRAL ELECTRIC COOPERATIVE INC 93-0137415 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Schedule D (Form 990) 2008

-\$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

3	Using the organization's accession and other r	-						(cor	itinuea)
	items (check all that apply)	,,,,	_	-	_				
а	Public exhibition	d	Γ	Loan or exc	change programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV	ections and explain ho	w the	y further the	organization's ex	cempt purpos	se in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					nılar	ΓYe	:s	∏ No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				anızatıon answ	ered "Yes"	to Forr	n 99	0,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermediar	/ for	contributions	or other assets	not	Г Ye	:s	∏ No
b	If "Yes," explain why in Part XIV and complete	the following table			-				
							A mount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form	m 990, Part X, line 21	,				Г Yе	:S	┌ No
ь	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if								
	_	(a)Current Year (b)Prior	Year (c) T	wo Years Back (d)	Three Years Ba	ck (e) Fo	ur Ye	ars Back
1a	Beginning of year balance								
Ь	Contributions								
c	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year e	end balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
c	Term endowment ▶								
За	Are there endowment funds not in the possess	ion of the organization	that	are held and	administered for	the	_		
	organization by					Г		'es	No
	(i) unrelated organizations					_	3a(i) 3a(ii)	-+	
ь	(ii) related organizations					· · · [3b		
4	Describe in Part XIV the intended uses of the						30		
	t VI Investments—Land, Buildings,	-			Part X. line 10.				
	<u>, </u>			Cost or other	(b)Cost or other				
	Description of investment			is (investment)	basis (other)	(c) Depreciat	tion (d) Boo	k value
1a	Land				594,124				594,124
b	Buildings				6,550,986	1,379,	,306	5	,171,680
	Leasehold improvements					,			
	Equipment				170,000,149	53,714	,753	116	,285,396
	Other				2,698,898				,698,898
	I. Add lines 1a-1e (Column (d) should equal Forn), lin	e 10(c).) .		▶			,750,098
			-				le D (For		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of City of year market value
Closely-held equity interests		
Other PATRONAGE CAPITAL	3,912,663	
Other CAPITAL TERM CERTIFICATES	1,778,041	
Other OTHER INVESTMENTS	239,659	
Other INVESTMENT IN SUBSIDIARY		
Other INVESTMENT IN SUBSIDIARY	2,374,814	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,305,177	
art VIII Investments—Program Related. Sec	e Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(-,	(-,	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip	otion	(b) Book value
Catal (Caluman (b) abouted agreed Forms 000. Part V. and (B) lung 1	· F \	
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
ederal Income Taxes	(2) mount	
EFUNDABLE LINE EXTENSIONS & CAPITAL CREDITS AYABLE	13,180,349	
ther current liabilities	3,118,536	
eposits	489,303	
eposits	489,303	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	16,788,188	

Total revenue (Form 990, Part VIII, column (A), line 12)

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X		THE COOPERATIVE HAS QUALIFIED FOR EXEMPTION FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE PURSUANT TO FSP FIN 48-3, MANAGEMENT HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 FOR 2008 AND 2007 THE COOPERATIVE HAS ACCOUNTED FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND WAS REASONABLY ESTIMABLE AS OF DECEMBER 31, 2008 AND 2007, THE COOPERATIVE HAD NO ACCRUAL FOR UNCERTAIN TAX POSITIONS

Part XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanation		
		THE COOPERATIVE HAS QUALIFIED FOR EXEMPTION FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE PURSUANT TO FSP FIN 48-3, MANAGEMENT HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 FOR 2008 AND 2007 THE COOPERATIVE HAS ACCOUNTED FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND WAS REASONABLY ESTIMABLE AS OF DECEMBER 31, 2008 AND 2007, THE COOPERATIVE HAD NO ACCRUAL FOR UNCERTAIN TAX POSITIONS		

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Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
CENTRAL ELECTRIC COOPERATIVE INC

Employer identification number

93-0137415

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
ь	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 67 If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dave Markham	(1) (11)		4,806	2,052	15,000	75,031	342,021 19,519	
ROBERT MCCONNELL	(1) (11)	125,520	10,576	138	2,500	58,567	197,301	
RAWLEIGH WHITE	(1) (11)		10,394		2,500	28,117	158,305	
DAVEPUTNAM	(ı) (ıı)	122,856	2,766			79,225	204,847	
TERRY SHINE	(ı) (ıı)		2,694			46,956	172,157	
RON MASSEY	(1) (11)	120,247	2,813			39,127	162,187	
AL GONZALEZ	(1) (11)					55,346	165,031	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(יי)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional	Data Table	
Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	DEFERRED COMPENSATION PLAN PARTICIPANTS AND AMOUNTS DAVID CLEMENS 6,690 TOM STRAND 3,428 RAY CLARNO 2,500 SHIRLEY MCCULLOUGH 3,950 WILLIAM KEETON 4,151 KEN MILTENBERGER 2,500 RUSSELL KIEL 2,500 HAROLD SIEGENHAGEN 72 DAVID MARKHAM 15,000 ROBERT MCCONNELL 2,500 RAWLEIGH WHITE 2,500 AL GONZALEZ 15,500

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 93-0137415

Name: CENTRAL ELECTRIC COOPERATIVE INC

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanat ion
	· ·	DEFERRED COMPENSATION PLAN PARTICIPANTS AND AMOUNTS DAVID CLEMENS 6,690 TOM STRAND 3,428 RAY CLARNO 2,500 SHIRLEY MCCULLOUGH 3,950 WILLIAM KEETON 4,151 KEN MILTENBERGER 2,500 RUSSELL KIEL 2,500 HAROLD SIEGENHAGEN 72 DAVID MARKHAM 15,000
		ROBERT MCCONNELL 2,500 RAWLEIGH WHITE 2,500 AL GONZALEZ 15,500

DLN: 93493224003209

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Inspection

Service Name of the organization **Employer identification number** CENTRAL ELECTRIC COOPERATIVE INC 93-0137415 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (e) In (g)Written (a) Name of interested person and from the (c)Original principal by board or default? agreement? (d)Balance due organization? purpose amount committee? Τо From Yes Yes Yes No **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship (e) Sharing of organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the transaction revenues? organization Yes No AL GONZALEZ FORMER OFFICER -129,797 BREACH OF FIDUCIARY Νo POWER SUPPLY DUTY/FRAUD MANAGER SUE GONZALEZ SPOUSE OF FORMER CONSULTING/FRAUD Nο OFFICER - AL GONZALEZ

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization CENTRAL ELECTRIC COOPERATIVE INC

SCHEDULE 0

(Form 990)

Department of the

Internal Revenue

Treasury

Service

Employer identification number

93-0137415

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		THE NATURE OF THE MATERIAL DIVERSION OF ASSETS, IN ADDITION TO OTHER IMPROPER ACTS, ARISES FROM FRAUD AND BREACH OF FIDUCIARY DUTY BY A FORMER OFFICER WHO HAD A FINANCIAL INTEREST IN A THIRD PARTY VENDOR THAT HAD BEEN DOING BUSINESS WITH THE COOPERATIVE FOR ALMOST TWENTY YEARS BY VIRTUE OF THE FINANCIAL INTEREST, THE FORMER OFFICER SELF DEALT AND RECEIVED THE PROFITS OF THE THIRD PARTY VENDOR ARISING FROM THE CONTRACTS THE FORMER OFFICER HAD A ROLE IN NEGOTIATING THE AMOUNT OF DIVERSION IS ESTIMATED TO BE \$1 8 MILLION THE COOPERATIVE IS PURSUING LITIGATION TO RECOVER THE AMOUNTS AT ISSUE, WHICH WILL BE DETERMINED AT TRIAL
Form 990, Part VI, Section A, line 6		ANY PERSON, FIRM, CORPORATION OR BODY POLITIC MAY BECOME A MEMBER IN THE COOPERATIVE BY PAYING THE REQUIRED MEMBERSHIP FEE, PURCHASING ELECTRIC ENERGY FROM THE COOPERATIVE, AND AGREEING TO BE BOUND BY THE ARTICLES OF ASSOCIATION AND BY-LAWS OF THE COOPERATIVE EACH MEMBER IS ENTITLED TO ONE VOTE ALL QUESTIONS AT MEMBER MEETINGS WILL BE DECIDED BY A VOTE OF A MAJORITY OF THE MEMBERS VOTING THEREON WHEN A QUORUM IS PRESENT
Form 990, Part VI, Section A, line 7a		EACH MEMBER IS ENTITLED TO ONE VOTE ALL QUESTIONS AT MEMBER MEETINGS WILL BE DECIDED BY A VOTE OF A MAJORITY OF THE MEMBERS VOTING THEREON WHEN A QUORUM IS PRESENT
Form 990, Part VI, Section A, line 10		DATA WAS PREPARED BY THE ACCOUNTING DEPARTMENT AND REVIEWED BY THE CFO AND CEO PRIOR TO SUBMITTAL TO THE CPA FIRM FOR FORM 990 PREPARATION ONCE THE CPA FIRM HAD PREPARED FORM 990, IT WAS RETURNED TO CEC AND REVIEWED BY THE ACCOUNTING DEPARTMENT, CFO, CEO, AND BY THE BOARD IN THE JULY 2009 MONTHLY BOARD MEETING
Form 990, Part VI, Section B, line 12c		A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM IS DISTRIBUTED TO EACH MEMBER ANNUALLY TO BE COMPLETED, SIGNED, AND FORWARDED TO THE BOARD OF DIRECTORS WHEN CONFLICTS COME TO THE BOARD OF DIRECTORS, IT WILL TAKE THE APPROPRIATE ACTION
Form 990, Part VI, Section B, line 15		CEO AND OTHER TOP MANAGEMENT SALARIES ARE DETERMINED BASED UPON COMPARISON OF NATIONAL, REGIONAL, AND STATE COMPENSATION DATA FOR SIMILAR POSITIONS THIS DATA IS PRESENTED TO THE BOARD FOR REVIEW
Form 990, Part VI, Section C, line 19		THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC GOVERNING AND ORGANIZING DOCUMENTS ARE MADE AVAILABLE TO MEMBERS UPON REQUEST MEMBERS ARE ALSO GIVEN THE OPTION TO MAKE AN APPOINTMENT TO COME TO THE MAIN OFFICE TO VIEW THE AUDITED FINANCIAL STATEMENTS
FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B	EXPLANATION FOR NO AUDITED FINANCIAL STATEMENTS -	THE COOPERATIVE RECEIVED AUDITED FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GAAP, HOWEVER BECAUSE THE STATEMENTS WERE CONSOLIDATED AND NOT AUDITED ON A STAND ALONE BASIS, THE IRS REQUIRES US TO ANSWER NO TO THESE TWO QUESTIONS BASED ON RECENT DISCUSSIONS WITH THE IRS, THEY ARE IN CONSIDERATION OF CHANGING/CLARIFYING THE INSTRUCTIONS FOR THESE TWO QUESTIONS FOR 2009 GOING FORWARD, IN WHICH CASE THE COOPERATIVE WOULD BE ABLE TO ANSWER YES TO THESE QUESTIONS

DLN: 93493224003209

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

Name of the organization CENTRAL ELECTRIC COOPERATIVE INC	Employer identification number					
CENTRAL ELECTRIC COOLERWINE INC				93-0137415		
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
CENTRAL OREGON METER READING LLC PO BOX 2338 REDMOND, OR 97756 26-3640413	METER READING	OR	0	200,010	CEC RESOURCES INC	
QUANTUM COMMUNICATIONS LLC PO BOX 1748 REDMOND, OR 97756 93-1323775	FIBER OPTIC COMMUNICATIONS SERVICES	OR	530,187	6,505,082	CEC RESOURCES INC	
Part II Identification of Related Tax-Exempt Organiz	ations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(Primary	B) activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate :ions?	Code V—UBI on Box 20 of		(J Gener mana partn	ral o Iging
								Yes	No	1		Yes	No
												\vdash	
Part IV Identification of Re		rganizations	Taxable a		1				•				
(A) Name, address, and EIN of related organ	nization	(B) Primary activity		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incom	e	Sha end-	(G) are of of-year ssets	Perce	H) entage ership	
CEC RESOURCES INC PO BOX 846 REDMOND, OR97756 93-1306228		TELECOMMUNICAT	IONS	OR	CENTRAL ELECTRIC COOPERATIVE INC	С	-2,527,0	07		5,988,435	100 0)00 %	
								_					
								+					

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	f assets to other organization(s)			1f	No
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No
h	Excha	nge of assets		<u>:</u>	1h	No
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No
n	Sharır	ng of paid employees		<u>:</u>	1n	No
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
<u> </u>						
(3)						
(4)						
(+)						
(5)						
(6)					· · · · · ·	

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

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DLN: 93493224003209

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service		See separate instruction	s. 🟲 Attach	to your tax r	et urn.		Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form rel	ates 1	dent if yi	ng number
CENTRAL ELECTRIC CO	OPERATIVE IN						
Dowl T. Glockion S	F. F	Form 990 Pa		170		3-0137	415
	-	Certain Property Ur isted property, comple			nnlete Dart	τ	
1 Maximum amount See					ipicte rait.	. 1	250,000
		_				-	250,000
2 Total cost of section 1		•	•			. 2	
3 Threshold cost of sect			•	uctions) .		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-			. 4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -	0- If married	filing		
separately, see instruc	tions					. 5	
						•	
(a) D	escription of pro	perty		(business us	e (c) Elec	ted cost	
<u> </u>		<u> </u>		only)			
6							
							ᆛ
7 Listed property Enter				. 7			_
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7 .		. 8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .				. 9	
10 Carryover of disallowed	d deduction from	ı lıne 13 of your 2007 Fo	rm 4562 .			. 10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense of	deduction Add I	ines 9 and 10 hut do not	enter more tha	n line 11		12	
13 Carryover of disallowed							
·			·				
Note: Do not use Part Part III Special De					•		
		Allowance and Othe					ty) (See instructions)
14 Special depreciation al tax year (see instruction	•	illied property (other than	i iistea property) placed in se	ervice during	14 14	
15 Property subject to see	•	Naction				15	
		election					
16 Other depreciation (inc						. 16	
Part IIII MACRS De	preclation (Do not include listed j		e instructio	ons.)		
17 MACDS deductions for	seeste placed :		ection A	1008		17	1 964 002
17 MACRS deductions for	•	·	-			. 17	4,864,993
18 If you are electing t		•	e during the t	ax year into			
general asset accou					▶		
Section B—Asse	ets Placed in	Service During 20	<u>08 Tax Year</u>	Using the	General D	epreci	ation System
	(b) Month and	(c) Basis for depreciation					
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Conven	tion (f) M	ethod	(g)Depreciation
property	service	use	period	(C) Conven	(1)11	cinou	deduction
		only—see instructions)					
19a 3-year property							
b 5-year property							
c 7 - year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/	L	
h Residential rental			27 5 yrs	ММ	S/	L	
property			27 5 yrs	ММ	S/	L	
i Nonresidential real			39 yrs	мм	S/	L	
property				ММ	S/	L_	
Sect io	n C—Assets Plac	ced in Service During 200	8 Tax Year Using	g the Alterna	tive Deprecia	t ion Sys	tem
20a Class life			1	1			
b 12-year	1		12 yrs		S/		
c 40-year			40 yrs	ММ	S/		
·	y (See instruc	ctions)		•			•
21 Listed property Enter						21	
22 Total. Add amounts fro			and 20 in colum	n (a) and lin	e 21 Entarh		
		curn Partnerships and S				°' 22	4,864,993
23 For assets shown abov							
portion of the basis att		=		23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44